



School: \_\_\_\_\_ Coordinator: \_\_\_\_\_

Student Information

**BEFORE-CARE**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Language: \_\_\_\_\_  
Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
IEP: \_\_ Yes \_\_ No Headstart: \_\_ Yes \_\_ No TANF Case #: \_\_\_\_\_

Drop-off Information

Please check all options that apply:

☐ My child may be dropped by any of the following people:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Information

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Release Information

I agree to the following terms:

I hereby give permission for my child to participate in before-care activities sponsored by DCPS.

I agree to pay the required co-payment for before-care programming.

I allow DCPS to use photos of my child and copies of my child's work for program advertisement, without use of my child's name.

I allow participating Community-Based Organizations and Neighborhood-Based Organizations to access my child's education records in order to help provide the most effective and comprehensive academic support.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Office Use Only:**  
Verification  
**Coordinator Checklist**

☐ Income Verification

☐ Relationship

☐ TANF Record (if applies)

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**DCPS Student Enrollment Form for DCPS Before-care Programming, page 2**

**BEFORE-CARE**

Names of All Children in the Family Who Participate in DCPS Before-care Program

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Names of Other Children in the Immediate Family Who Are Not in the DCPS Before-care Program

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Parent/Guardian Information

DCPS collect this information for federal reporting purposes.

- ☐ My child lives with one parent/guardian (mother): \_\_\_\_\_ (name)
- ☐ My child lives with one parent/guardian (father): \_\_\_\_\_ (name)
- ☐ My child lives with two parents: \_\_\_\_\_ (names)
- ☐ Check here if your child is a DCPS student and you provided residency verification in order to enroll your child in school.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## Parent/Guardian Co-Payment Agreement Form – **BEFORE-CARE**

The DCPS Before-care program requires a co-payment of \$5/day. Please complete the following information to determine if you are eligible for a co-payment waiver.

Child \_\_\_\_\_ Grade \_\_\_\_\_ or ☐ All Children

Please select all of the following that may apply:

- ☐ I am a TANF-eligible parent or guardian.
- ☐ My child is a foster child.

Please submit necessary **documentation to support any of the above statements.**

To demonstrate TANF-eligibility, a parent/guardian must produce *either*:

- A letter with the child(ren)'s name(s) listed from the TANF worker, *or*
- An Automated Client Eligibility Determination System (ACEDS) printout (active case with the child(ren)'s name(s) listed)

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

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**STANDARD FEE CO-PAYMENT SCHEDULE – BEFORE-CARE**

**DISTRICT OF COLUMBIA PUBLIC SCHOOLS BEFORE-CARE PROGRAM 2009/2010**

***PLEASE BRING IN THIS FORM AND HAVE YOUR COORDINATOR FILL IT OUT WITH YOU!***

I have enrolled my child in the DCPS Before-care Program and will pay the following amount for the year's schedule per child.

Days of Before-care per Month		Standard \$5/day Payment
August:	1	\$5
September:	20	\$100
October:	20	\$100
November:	18	\$90
December:	13	\$65
January:	18	\$90
February:	18	\$90
March:	18	\$90
April:	18	\$90
May:	19	\$95
June:	14	\$70
<hr/>		
<b>Total:</b>	<b>177</b>	<b>\$885</b>

**Co-Payment Info**

Payments are due in advance on the last Friday in which school is in session each month. You may pay for multiple months combined if you would like to do so.

The **only** accepted methods of payment are certified check and money order. Please make all payments out to **DC Treasurer**, as no other recipients will be accepted. **CASH IS NOT ACCEPTED.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**REDUCED FEE CO-PAYMENT SCHEDULE – BEFORE-CARE  
DISTRICT OF COLUMBIA PUBLIC SCHOOLS BEFORE-CARE PROGRAM 2009/2010**

***NOTE: THE COORDINATOR AT YOUR SCHOOL CAN ASSIST IN COMPLETEING THIS FORM.***

I have enrolled my child in the DCPS Before-care Program and will pay the following amount for the year's schedule per child.

Parent's Name: \_\_\_\_\_ Income: \_\_\_\_\_

Child 1: \_\_\_\_\_ Reduced Fee: \_\_\_\_\_

Child 2: \_\_\_\_\_ Reduced Fee: \_\_\_\_\_

Total Daily Fee: \_\_\_\_\_

<u>Days of Before-care per Month</u>		<u>Reduced Payment</u>
August:	1	\$_____
September:	20	\$_____
October:	20	\$_____
November:	18	\$_____
December:	13	\$_____
January:	18	\$_____
February:	18	\$_____
March:	18	\$_____
April:	18	\$_____
May:	19	\$_____
June:	14	\$_____
<hr/>		
<b>Total:</b>	<b>177</b>	\$_____

Payments are due in advance on the last Friday in which school is in session each month. You may pay for multiple months combined if you would like to do so. The **only** accepted methods of payment are certified check and money order. Please make all payments out to **DC Treasurer**, as no other recipients will be accepted. CASH IS NOT ACCEPTED.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_